

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079209

Entity Name

J.D.L. RESTAURANT SUPPLIES, INC.

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-08-2000 90115 047 ***158.75

Principal Place of Business

Mailing Address

NW 12TH ST., UNIT 14
 FL 33172

9500 NW 12TH ST., UNIT 14
 MIAMI FL 33172-2830

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0868048

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JOSE D. LOPEZ

Street Address (P.O. Box Number is Not Acceptable)

9500 NW 12 ST UNIT 6

City

MIAMI

FL

Zip Code

33172

BENNETT, JOSH N
 C/O THE LAW FIRM OF JOSH N BENNETT, ESQ.
 NATIONS TOWER 100 SE 2ND ST., STE. 2600
 MIAMI FL 33131

I, The above named entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Jose D. Lopez

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D
 LOPEZ, JOSE D
 9500 NW 12TH ST., UNIT 14
 MIAMI FL 33172 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PTSD
 LOPEZ JOSE D.
 9500 NW 12TH ST UNIT 6
 MIAMI FL 33172 ☒ Change ☐ Addition

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete

TITLE
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☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE D. LOPEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

305-599-2022

Daytime Phone #

CR2E034 (9/99)